

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543,675

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		27					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11		10					61						
12		1					62						
13		10					63						
14		10					64						
15	1						65						
16		1					66						
17		12					67						
18		21					68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	16	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	18						TOTAL CLAIMS						